FORM D PROCESSED

SEP 1 0 2008 ₩ THOMSON REUTERS

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| | 144 | 3 | 5 | 9 | \leq | |
|--------------------------|----------|-------|------|------|--------|--|
| | OMB / | APPR(| JAVC | _ | | |
| OME | Numb | er: | 32 | 35-0 | 07 | |
| Expir | res: | | | | | |
| Estimated average burden | | | | | | |
| hour | s per re | spons | e | 11 | 6.00 | |

| SEC USI | ONLY |
|---------|--------|
| Preflx | Serial |
| | |
| DATE RE | CEIVED |
| | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | SEC Mail Processi Section |
|---|---|
| | ULOE |
| Type of Filing: New Filing Amendment | AUG 292008 |
| A. BASIC IDENTIFICATION DATA | Washington, DC |
| 1. Enter the information requested about the issuer | 111 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Evolution M Fund LP | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| | |
| Type of Business Organization corporation business trust limited partnership, already formed other (plea | s seekiin aasaan sekiin aasaa kallad idood sakiin seekii seeda jaga |
| Month Year Actual or Estimated Date of Incorporation or Organization: Actual Estimat Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) | —— 08058877 ted □□ |
| GENERAL INSTRUCTIONS | |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or S 77d(6). | Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given belo which it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549 | 9. |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sphotocopies of the manually signed copy or bear typed or printed signatures. | signed. Any copies not manually signed must be |
| Information Required: A new filing must contain all information requested. Amendments need only report t thereto, the information requested in Part C, and any material changes from the information previously supplied not be filed with the SEC. | |
| Filing Fee: There is no federal filing fee. | |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sale ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sec are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the accompany this form. This notice shall be filed in the appropriate states in accordance with state law. This notice and must be completed. | surities Administrator in each state where sales ne exemption, a fee in the proper amount shall |
| ATTENTION — | |
| Failure to file notice in the appropriate states will not result in a loss of the federal exer | mption. Conversely, failure to file the |

filing of a tederal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Executive Officer Promoter Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: General and/or Promoter Beneficial Owner Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

| | B. INFORMATION ABOUT OFFERING | | | | | | | | | | | | |
|-----|----------------------------------|---|--|---|---|-----------------------------|---|--|--|-----------------------------|---|----------|----------|
| 1 | 11 | | 1 1 6 | h | | 11. to mon m | -anaditad i | | s elsia affor | in a? | | Yes | No |
| 1. | rias ine | issuer son | a, or does t | | | ll, to non-a n Appendix | | | | | ************ | | |
| 2. | What is | the minim | ium investr | | | pted from | | | | | ******* | S | |
| | | | | | | | | | | | | Yes | No |
| 3. | | | | | | gle unit? | | | | | | | _ |
| 4. | commis If a pers or state: | ssion or sim son to be lis s, list the na | ilar remune sted is an as ame of the b | ration for s sociated pe proker or de | solicitation erson or age ealer. If m | of purchas ent of a brol | ers in conn ker or deale e (5) perso: | ection with r registered ns to be list | sales of sed with the S are asso | curities in t SEC and/or | irectly, any he offering. with a state ons of such | | |
| Ful | l Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bu | siness or | Residence | Address (N | lumber and | d Street, C | ity, State, Z | Zip Code) | - | | | | | |
| Nai | me of As | sociated B | roker or De | aler | | | | | • | | | | |
| Sta | tes in Wh | nich Persor | Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All State: | s" or check | individual | States) | | | | | | | ☐ AI | l States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | IL MT | IN NE | IA NV | KS NH | KY NJ | LA NM | ME NY | MD NC | MA ND | MI OH | MN OK | MS OR | MO PA |
| | RI | SC | SD | TN | TX | ับา | VT | VA | WA | ŴŸ | WI | WY | PR |
| Ful | l Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bus | siness or | Residence | Address (| Number an | d Street, C | City, State, | Zip Code) | | | | | | |
| Nai | me of As | sociated B | roker or De | aler | | | | | | ·· | | | |
| Sta | tes in Wh | nich Persor | Listed Ha | s Solicited | or Intends | to Solicit | Purchasers | · · · · · · · · · · · · · · · · · · · | | | - | | |
| | (Check | "All State: | s" or check | individual | States) | | | | ••••• | *************** | | ☐ AI | States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | IL. | IN N | ĪĀ] | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT RI | NE SC | NV SD | NH TN | NJ TX | NM UT | NY) VT | NC VA | ND WA | OH WV | OK WI | OR WY | PA PR |
| Ful | l Name (| Last name | first, if ind | ividual) | | | | | | · | | | |
| Bus | siness or | Residence | : Address (1 | Number an | d Street, C | lity, State, | Zip Code) | | | | | | |
| | | | _ | | | | | | | | | | |
| Nar | me of Ass | sociated Bi | oker or De | aler | | | | | | | | | |
| Sta | | | | | | to Solicit | | | • | | | | = . |
| | (Check | "All States | s" or check | individual | States) | | | | ****************** | ******** | ••••• | ☐ All | l States |
| | AL | AK | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | ID |
| | IL MT | IN NE | IA NV | KS NH | KY NJ | LA] NM | ME NY | MD NC | MA ND | MI OH | MN OK | MS OR | MO PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1, | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | |
|----|--|-----------------------------|----------|------------------|--|
| | Type of Security | Aggregate Offering Price | | | Amount Already Sold |
| | Debt | \$ | | \$ | |
| | Equity | | | | |
| | Common Preferred | | _ | | |
| | Convertible Securities (including warrants) | s | | S | |
| | Partnership Interests | | | | |
| | Other (Specify Participation Interests | | | 05 | 43,650,000.00 |
| | Total | s 100,000,0 | 0.00 | ı(_{\$} | 43,650,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | * | | Ψ, | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | | Aggregate |
| | | Number Investors | | | Dollar Amount of Purchases |
| | Accredited Investors | | | | \$ 43,650,000.00 |
| | | | | | \$ 0.00 |
| | Non-accredited Investors | • | | | |
| | Total (for filings under Rule 504 only) | | — | | \$ |
| _ | Answer also in Appendix, Column 4, if filing under ULOE. | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | | |
| | Type of Offering | Type of Security | | | Dollar Amount Sold |
| | Rule 505 | • | | | |
| | Regulation A | | | | \$ c |
| | Rule 504 | | | | <u></u> |
| | | | _ | | s 0.00 |
| 4 | | | _ | 1 | <u>, </u> |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | |
| | Transfer Agent's Fees | | | \$ | 0.00 |
| | Printing and Engraving Costs | | | | 0.00 |
| | Legal Fees | ••••• | | \$ | 10,000.00 |
| | Accounting Fees | | | \$ | 0.00 |
| | Engineering Fees | | | S | 0.00 |
| | Sales Commissions (specify finders' fees separately) | | | \$ | 0.00 |
| | Other Expenses (identify) | | | | 0.00 |
| | Total | | ∇ | \$ | 10,000.00 |

| | C. OFFERING PRICE | | | <u> </u> | |
|----|--|--|-------------------------|--|--|
| | and total expenses furnished in response to Par | te offering price given in response to Part C — Question rt C — Question 4.a. This difference is the "adjusted ground processing to the control of the contr | SS | \$99,990,000.00 | |
| • | each of the purposes shown. If the amount | oss proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate an total of the payments listed must equal the adjusted grost to Part C — Question 4.b above. | d | | |
| , | | | Payments to Officers, & | Payments to | |
| | | | Affiliates | Others | |
| | Salaries and fees | | . 🗆 \$ _ | ☑ \$ 0.00 | |
| | Purchase of real estate | | . 🗆 \$ | <u> </u> | |
| | Purchase, rental or leasing and installation and equipment | of machinery | . 🗆 \$ | Z \$_0.00 | |
| | Construction or leasing of plant buildings a | and facilities | . 🗆 \$ | | |
| | Acquisition of other businesses (including to offering that may be used in exchange for the issuer pursuant to a merger) | | · 🗆 \$ | 2 3 0.00 2 3 3 3 3 3 3 3 3 3 3 | |
| | Repayment of indebtedness | | . 🗆 s | | |
| | Working capital | | | 99,000,000.0 | |
| | Other (specify): | | s | ∠ \$ <u>0.00</u> | |
| | | | | \$ | |
| | Column Totals | | . [2] \$_0.00 | 99,000,000.0 | |
| | Total Payments Listed (column totals added | d) | . Ø\$_9 | 9,000,000.00 | |
| į. | REPORT TO SERVICE STATE OF THE | d. federal signature | NE 53 W 551 | 114 | |
| ig | nature constitutes an undertaking by the issue | by the undersigned duly authorized person. If this noti r to furnish to the U.S. Securities and Exchange Comm on-accredited investor pursuant to paragraph (b)(2) of | ission, upon writte | | |
| SS | euer (Print or Type) | Signature | Date | | |
| E١ | volution M Fund LP | | 8.5 | 6.08 | |
| ٧a | me of Signer (Print or Type) | Title of Signer (Print or Type) | · | _ | |
| d | rian Brindle | General Partner's Principal Decision Maker | | | |



ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)